

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 07025/66

1. PLACE OF DEATH:

County Garrett
City or town Mt. Lake Park,
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County GarrettCity or town Mt. Lake Park
(If outside city or town limits, write RURAL and give nearest town)Street No. ---

(If rural, give LOCATION)

2.(a) If veteran, name war First World War

3. (a) FULL NAME

Harvey Dwight Bittinger

3. (b) Social Security Number

232-09-5388

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) March 23, 18945. (c) If alive, give age --- years

8. AGE: Years

51

Months

3

Days

26

If less than one day

hrs.

min.

9. Birthplace Garrett Co., Md.

(Town, county, and state)

10. Usual occupation Laborer11. Industry or business General12. Name Perry Bittinger13. Birthplace Garrett Co., Md.14. Maiden name Ellen Speicher15. Birthplace Garrett Co., Md.16. Informant Delbert BittingerAddress Mt. Lake Park, Md.17. Burial July 22, 1945

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Pleasant Valley CemeteryLocation 2 Mi. S W Mt. Lake Park18. Funeral director Herbert C. LeightonAddress Oakland, Maryland19. July 21 19 45 Julius A. Bauman

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 19 45 at 11:45 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct 19 44 to Nov 19 44and that I last saw him alive on Nov 19 44

Immediate cause of death

DURATION

Coronary Occlusion

Due to

Due to

Other conditions Myocardial Infarction

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE E. J. Bauman Dr. D. orAddress Oakland Md Date signed 7/21/45

RECEIVED
AUG 4 1945
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-1

CERTIFICATE OF DEATH

07026

Reg. Dist. No. 162

1. PLACE OF DEATH:

County GarettCity or town R.D.I Grantsville Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 50 Years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County GarettCity or town R.D.I Grantsville Md

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Gideon McClelland Butler

3. (b) Social Security Number

None

4. Sex

M

5. Color or race

W

6.(a) Single, married, widowed, or divorced

Married6.(b) Name of husband or wife Eliza E Butler6.(c) If alive, give age 77 years7. Birth date of deceased (mo., day, yr.) September 1-18648. AGE: Years 80 Months 10 Days 25 If less than one dayhrs.min.9. Birthplace R.D.I Grantsville Md

(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

12. Name Sylvanes Butler13. Birthplace Virginia14. Maiden name Lucy Ann Durst15. Birthplace Near Grantsville Md16. Informant Howard ButlerAddress R.D.I Grantsville Md17. Burial Date thereof 7-28-1945

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Oak GroveLocation R.D.I Grantsville Md18. Funeral director Wm. WintersburgAddress Grantsville Md19. July 27 1945 E. H. Corvalan
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 1945 at 7-30p. M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 18 1945 to July 25 1945and that I last saw him alive on July 25 1945Immediate cause of death Chronic M. Jacarditis DURATION 2 yrs

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. R. Davis M.D. M. D. of otherAddress Grantsville Md Date signed July 26

RECEIVED

JUL 28 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (Bd)

CERTIFICATE OF DEATH

Reg. Dist. No. 162

1. PLACE OF DEATH:

County GarettCity or town R.D. 2 Grantsville
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 81 Hours

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County BaltimoreCity or town City
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)2.(a) If veteran, name war. ☒

3. (a) FULL NAME

Marion Lesslie Dunbar

3. (b) Social Security Number

None

4. Sex <u>M</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>Married</u>
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6. (b) Name of husband or wife Minnie Lee Dunbar6. (c) If alive, give age 64 years7. Birth date of deceased (mo., day, yr.) January 8-1875

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>6</u>	<u>17</u>hrs.min.

9. Birthplace Frankford W. Va.
(Town, county, and state)10. Usual occupation Mechanic

11. Industry or business

12. Name William Dunbar13. Birthplace W. Va14. Maiden name Hannah Hedrick15. Birthplace W. Va16. Informant Jack Dunbar
Address Baltimore Md17. Burial Date thereof July 27-1945
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Lewisburg W. VaLocation Lewisburg W. Va18. Funeral director Wm WinterbergAddress Grantsville Md19. July 25 45 Ethel Bonduquet
(Date rec'd by registrar) (Date signed by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 19 45 at 2.30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 19 1929 to July 23 19 45and that I last saw him alive on July 23 19 45Immediate cause of death Coronary Thrombosis

DURATION

1 dayDue to myocardial 3 yr

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Edgar Talbot M.D. M. D. or otherAddress 2923 St Paul St Date signed 7/23/45Baltimore Md.

RECEIVED
JUL 25 1945
BUREAU V. B.

N. B.—WRITING IN INK WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07028

1. PLACE OF DEATH

County GarrettVillage or City GormanRuralRegistration Dist. No. 167

No.

St.

Ward

Length of residence in city or town where death occurred 2 yrs. 2 mos. 0 ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Warren Junior DelSignore

If U. S. Veteran, specify WAR

(a) Residence: No.

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write this word)

single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7-29-45

7. AGE

Years

Months

Days

If LESS than
1 day 25 hrs.
or 25 min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.none9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town) Gorman
(State or country) Maryland

FATHER

13. NAME

Warren Roger DelSignore14. BIRTHPLACE (city or town) Bayard
(State or country) M. Va.

MOTHER

15. MAIDEN NAME

Frances Jane Bozic16. BIRTHPLACE (city or town) Coketon
(State or country) W. Va.

17. INFORMANT

(Address)

Warren R. DelSignore
Gorman, W. Va.

18. BURIAL, CREMATION, OR REMOVAL

Place on farmDate 7-30-45

1945

19. UNDERTAKER

(Address)

Paul DelSignore acting
Rt. 1, Georgetown, Md.

20. FILED

7/3019 45Elmer C. Shaffer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

7-29
(Month)1945
(Day)1945
(Year)22. I HEREBY CERTIFY. That I attended deceased from 7-29-45

19

to

19

I last saw him alive on 7-29-45

19

to have occurred on the date stated above, at 5-10 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of Importance
were as follows:Lived about 25 minutesno evident cause for Death

Date of onset

Other Contributory Causes of Importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Edwards & Sons
Oakland, Maryland

M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Other contributory causes of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>
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Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other contributory causes of importance:

<i>Gastroenteritis</i>	<i>1 year</i>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 740

CERTIFICATE OF DEATH

07029

Reg. Dist. No. 161

1. PLACE OF DEATH
 County Harford
 City or town near Brundellsville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State MD County Harford
 City or town near Brundellsville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war WW

3. (a) FULL NAME
Joab J. Friend

3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Dianne Friend

7. Birth date of deceased (mo., day, yr.) Feb 27, 1869 B. (c) If alive, give age 75 years

8. AGE: Years 76 Months 5 Days 2 If less than one day _____ hrs. _____ min.

8. Birthplace MD
 (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

12. Name Joab Friend

13. Birthplace

14. Maiden name Ann Friend

15. Birthplace MD

16. Informant Nelly Friend

Address Brundellsville, MD

17. Date thereof 7-31-45
 (Borials, cremation, or other funeral service) (month) (day) (year)

Cemetery or crematory Brundellsville

Location St. J. Harford

18. Funeral director Brundellsville, MD

Address

19. Date read by registrar July 31, 1945 Registrar La. C. P. Smith

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29 1945 at 9:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 16 1945 to July 29 1945 and that I last saw him alive on June 13 1945

Immediate cause of death Coronary Occlusion

DURATION 5 min.

Due to arteriosclerosis

Due to —

Other conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE H. J. Glover M.T.S.
 Address Brundellsville, Maryland M. D. or other

Date signed 7-31-45

UNITED STATES DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED
AUG 3 1945
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 330

CERTIFICATE OF DEATH

07030

Reg. Dist. No.

163

1. PLACE OF DEATH:

County Garnett
 City or town 3 miles West of Barton, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 55 yrs
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Md. County Garnett
 City or town 3 miles West of Barton, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Peter Franklin Michael
 4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed
 6.(b) Name of husband or wife Elizabeth Broadwater
 7. Birth date of deceased (mo., day, yr.) July 9, 1860 6.(c) If alive, give age _____ years
 8. AGE: Years 85 Months 0 Days 5 If less than one day _____ hrs. _____ min.

9. Birthplace Zim Rock, Garnett, Md.
 (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Own farm

12. Name Andrew J. Michael

13. Birthplace Zim Rock, Garnett, Md.

14. Maiden name Mary Shaw

15. Birthplace Near Barton, Md.

16. Informant Edwin Michael

Address Barton, Md.

17. Burial Date thereof July 17, 1945

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Philos Cem.

Location Westonport, Md.

18. Funeral director Mrs. Ray, East, George

Address Westonport, Md.

19. July 17, 1945 Dorsey Pattison

(Date rec'd by registrar) Registrar

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17, 1945, at 3:00 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 14, 1945 to July 14, 1945

and that I last saw him alive on July 14, 1945

Immediate cause of death _____ DURATION _____

Cerebral hemorrhage 1 day

Due to arteriosclerosis 1 yr.

Hypertension 1 yr.

Due to _____

Other conditions Chronic Pylo. cystitis 1 yr.

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Thomas Reever, M.D.

Address Westonport, Md. Date signed 7-16-45

RECEIVED

JUL 18 1945

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 07931 168

1. PLACE OF DEATH:

County Garnett
City or town Zenithing md RFD.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County Garnett
City or town Zenithing RFD
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war.

3. (a) FULL NAME

Flourence E. Murphy

3. (b) Social Security Number

none

4. Sex 7 5. Color or race W 6.(a) Single, married, widowed, or divorced single

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 15 - 1859

8. AGE: Years 85 Months 9 Days 5 If less than one day hrs. min.

8. Birthplace Garnett Co. md
(Town, county, and state)

10. Usual occupation invalid

11. Industry or business

12. Name Wm B. Murphy

13. Birthplace Baltimore, md

14. Maiden name Sarah Michael

15. Birthplace Westport, md

16. Informant Flourence Murphy

Address Zenithing md.

17. Burial (Burial, cremation, or removal, Which?) Date there July 22 - 45
(month) (day) (year)

Cemetery or crematory Blocher

Location Garnett Co.

18. Funeral director J. J. Rupp

Address Zenithing, md

19. July 21 19 45 Mrs. Julia Michael
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 19 45 at 10 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 10 19 44 to July 20 19 45

and that I last saw h. er alive on July 20 19 45

Immediate cause of death Cardio-vascular
renal disease

DURATION

Due to senility

Due to senility

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H.C. Diehl, M.D.
M. D. or other

Address Zenithing, md. Date signed 7/21/45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

RECEIVED
JUL 25 1945
BUREAU V.A.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 95-c

CERTIFICATE OF DEATH

Reg. Dist. No. 07032 174

1. PLACE OF DEATH

County GarrettCity or town Vindex
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 25 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County GarrettCity or town Vindex
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Noah Solomon Sims

3. (b) Social Security Number

213-01-4046

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife

May Sims6.(c) If alive, give age 45 years

7. Birth date of

deceased (mo., day, yr.)

1893-10-3

8. AGE:

Years

Months

Days

If less than one day

51827

hrs.

min.

9. Birthplace

Elk Garden W. Va.
(Town, county, and state)
Coal Miner

10. Usual occupation

11. Industry or business

George Sims

FATHER

12. Name

West Virginia

13. Birthplace

MOTHER

14. Maiden name

Minerva Arenholt

15. Birthplace

West Virginia

16. Informant

Address

17.

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

Date signed by registrar

19.

Date

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4th 45 11.45 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

.....19....., to.....19.....

and that I last saw him.....alive on.....19.....

Immediate cause of death Heart attackDuration 19 minutesDue to Over-Indulgence

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Edward E. Hollars

M.D. or other

Oakland, Md. Acting Coroner 4-5-45

Address..... Date signed.....

RECEIVED
JUL 10 1945
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (172)

CERTIFICATE OF DEATH

07033

Reg. Dist. No. 166

1. PLACE OF DEATH:

County Garrett
City or town Deep Creek Lake, near Oakland,
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 4 hrs.
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State West Va. County Preston
City or town Freeport,
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Corlis Uphold,

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Single
6.(b) Name of husband or wife Son of Matha & Oscar Uphold

7. Birth date of deceased (mo., day, yr.) May 28th, 1929 6.(c) If alive, give age years

8. AGE: Years 16 Months 1 Days 6 If less than one day hrs. min.

9. Birthplace West Virginia,
(Town, county, and state)

10. Usual occupation Prop Cutter.

11. Industry or business

12. Name Oscar Uphold.
13. Birthplace Maryland,

14. Maiden name Matha Uphold.
15. Birthplace Maryland.

16. Informant Mrs. Matha Uphold.
Address Freeport, W. Va.

17. Burial Date thereof July 7/45
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Blooming Rose.
Location Friendsville, Md.

18. Funeral director Euroy N. Bolden
Address Oakland, Md.

19. July 6, 1945 Registrar Julius Roman
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4, 1945 at 4:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Examined after death 19.....
and that I last saw h..... alive on 19.....

Immediate cause of death.....
Accidental Drowning
Canoe Capsized

Due to.....
Due to.....

Other conditions.....
(Include pregnancy within 8 months of death)

Major findings of operations.....
Date of op.

Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: Accident Date of 7/4/45
Accident, suicide, or homicide.....

Where did injury occur? Deep Creek Lake near Oakland (Town) Garrett (County)

Injured at home, farm, industry, public place (where?) Lake
Means of injury DROWNING Injured at work? NO.

23. SIGNATURE P. J. Baungeter M.D. July 6, 1945
M. D. or other med. examiner
Address OAKLAND - MD Date signed 7/5/45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED
AUG 4 1945
BUREAU V.B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (72)

CERTIFICATE OF DEATH

07034

Reg. Dist. No. 166

1. PLACE OF DEATH:

County Garrett
City or town Deep Creek Lake, Near Oakland,
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 14 Hrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State West Va. County PrestonCity or town Freeport, W. Va.
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Donald J. Uphold.

3. (b) Social Security Number

4. Sex

male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

Son of Matha & Oscar Uphold

6. (b) Name of husband or wife

6. (c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.)

August 4 1931.

8. AGE:

Years

Months

Days

If less than one day

13110

hrs.

min.

9. Birthplace Maryland.

(Town, county, and state)

10. Usual occupation

Laborer

11. Industry or business

FATHER
MOTHER

12. Name

Oscar Uphold,

13. Birthplace

Maryland,

14. Maiden name

Matha Uphold,

15. Birthplace

Maryland,

16. Informant

Mrs. Matha Uphold,

Address

Freeport, W. Va.

17.

(Burial, cremation, or removal. Which?)

BurialDate thereof July 7th/45

(month) (day) (year)

Cemetery or crematory

Blooming Rose,

Location

Near Friendsville, Md.

18. Funeral director

Emory W. Bolden

Address

Oakland, Md.

19.

(Data rec'd by registrar)

7/6/45 Julia

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4th 1945 at 4:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Examined after death.

and that I last saw h. _____ alive on _____ 19____

Immediate cause of death

Accidental drowningCanoe Capsized

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statitically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 7/4/45Where did injury occur? Deep Creek Lake near
Oakland (City or town) Garrett (State)
Md.Injured at home, farm, industry, public place (where?) LakeMeans of Injury DrowningInjured at work? No

23. SIGNATURE

E. D. Bennett Dr. H. H. H. H.

Address

Oakland, Md.

Date signed

7/5/45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

HEARD TO INTERVIEW STATE GRAYSON

HEARD TO INTERVIEW STATE GRAYSON

RECEIVED

AUG 4 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (172)

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH:

County GarrettCity or town Deep Creek Lake near Oakland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 hrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State W. Va. County PrestonCity or town Freeport
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Oscar Uphold

3. (b) Social Security Number

232-07-0841

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Matha Uphold6. (c) If alive, give age 34 years7. Birth date of deceased (mo., day, yr.) July 15, 19068. AGE: Years Months Days It less than one day
38 11 19 hrs. min.9. Birthplace Maryland
(Town, county, and state)10. Usual occupation Timberman11. Industry or business Lumber camp12. Name John C. Uphold13. Birthplace Maryland14. Maiden name Effie Teets15. Birthplace W. Va.16. Informant Mrs. Matha UpholdAddress Freeport, W. Va.17. Burial Date thereof July 7/45

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Blooming RoseLocation Friendsville, Md.18. Funeral director Emory D. BoldenAddress Oakland, Md.19. July 6 19 45 Julius Rowan

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4 45 at 4:30 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Examined after deathand that I last saw h. alive on 19 19Immediate cause of death Accidental DrowningCause Capsized

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 7/4/45Where did injury occur? Deep Creek Lakenear Oakland Garrett (State) Md.Injured at home, farm, industry, public place (where?) LakeMeans of Injury Drowning Injured at work? No23. SIGNATURE E. J. Baumgartner M.D. Sept. 1945Address Oakland, Md. Date signed 7/5/45

CERTIFICATE OF DEATH

RECEIVED

AUG 4 1945

BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 61

CERTIFICATE OF DEATH

Reg. Dist. No. 162

1. PLACE OF DEATH:

County GARRETT
 City or town RURAL NEAR GRANTSVILLE MO
 (If outside city or town limits, write RURAL NEAR and give town)
 Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND County GARRETT
 City or town RURAL NEAR GRANTSVILLE Ward No.
 (If outside city or town limits, write RURAL NEAR and give town)
 Street No. GRANTSVILLE
 (If rural give LOCATION)

2(c) IF VETERAN, NAME WAR

3. (a) FULL NAME

HENRY - YOMMER

3. (b) Social Security Number

NONE

4. Sex

M

5. Color or race

WHITE

6. (a) Single, married, widowed, or divorced

WIDOWED6. (b) Name of husband or wife MRS. ALICE - YOMMER

6. (c) If alive, give age years

7. Birth date of

deceased (mo., day, yr.)

MARCH - 21 - 1869

8. AGE:

Years

Months

Days

If less than one day

76326

hrs.

min.

9. Birthplace GARRETTE CO. MARYLAND

(Town, county, and state)

10. Usual occupation Farmed (Retired)11. Industry or business Farm12. Name JOHN - YOMMER13. Birthplace GERMANY14. Maiden name ELSIE - DURR15. Birthplace GERMANY16. Informant Ruth Evelyn YommerAddress Grantsville, Md.17. BURIAL Date thereof July 19 1945

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or Grantsville CemeteryLocation Grantsville Maryland18. Funeral director Stanley M. ThomasAddress SALISBURY - PENNA19. July 18 1945 Ethel Broadwater

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 19 45 at 4:45 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 25 19 45 to July 17 19 45
and that I last saw him alive on July 5 19 45

Immediate cause of death

Coronary sclerosis

Due to

DURATION

10 yrs.

Due to

Other conditions

Diabetes mellitus2 yrs.

(Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Almon Delos M. O.

M. D. or other

Address Salisbury Pa Date signed 7/17/45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

GARRETT
RURAL-NEAR
GRANTSVILLE

RECEIVED
JUL 19 1945
BUREAU V. B.

John-Yammer
GERMANY
ESSE-LUR
GERMANY

BARBARA
ANN
+ 1